## APPLICATION DATA SHEET CT/P10 03 OCT 2003

## **Application Information**

Application Number::	
Filing Date::	·
Application Type::	Regular
Subject Matter::	PCT
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	PROCESS FOR PRODUCING DENTAL PROSTHESES
Attorney Docket Number::	003850-012
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	

Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Daniel
Middle Name::	
Family Name::	GUBLER
Name Suffix::	
City of Residence::	Fällanden
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	lm Haufland 10
City of Mailing Address::	Fällanden
State or Province of Mailing Address::	

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Switzerland

CH-8117

**Applicant Authority Type:**:

Inventor

Primary Citizenship Country::

Switzerland

Status::

**Full Capacity** 

Given Name::

Urs

Middle Name::

Family Name::

BRODBECK

Name Suffix::

City of Residence::

Erlenbach

State or Province of Residence::

Country of Residence::

Switzerland

Street of Mailing Address::

Pflugsteinstrasse 32

City of Mailing Address::

Erlenbach

State or Province of Mailing

Address::

Country of Mailing Address::

Switzerland

Postal or Zip Code of Mailing

Address::

CH-8803

## **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number::

(703) 836-6620

Fax Number:

(703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Application::

on:: Parent Filing

Date::

This Application

National Stage of

PCT/CH2004/000212

04/03/04

**Foreign Priority Information** 

Country:: Application Number:: Filing Date:: Priority

Claimed::

Switzerland

No. 619/03

04/04/03

Yes

**Assignee Information** 

Assignee Name:: XAWEX AG

Street of Mailing Address:: Lohwisstrasse 42

City of Mailing Address:: Ebmatingen

State or Province of Mailing

Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing

Address::

CH-8123